

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to Mail Box ISSUE FEE

Commissioner for Patents

Washington, D.C. 20231

Fax (703)746-4000

**INSTRUCTION:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

**CURRENT CORRESPONDENCE ADDRESS** (Note: Legibly mark-up with any corrections or use Block 1) Note: A certificate of mailing can only be used for domestic mailings of the FEE(S) Transmittal. This certificate cannot be used for any other accompanying papers, each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.



**CERTIFICATE OF MAILING OR TRANSMISSION**  
I hereby certify that this FEE(S) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelop addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

\_\_\_\_\_  
(depositor's name)  
\_\_\_\_\_  
(signature)  
\_\_\_\_\_  
(Date)

APPLICATION NO. <b>10/697,934</b>	FILING DATE <b>10/31/2003</b>	FIRST NAMED INVENTOR <b>Huang Ming</b>	ATTORNEY DOCKET NO. <b>BP3029-H47-P15</b>	CONFIRMATION NO. <b>8938</b>
TITLE OF INVENTION: <b>Light-emitting pen with pullable cover</b>				
APPLN. TYPE <b>nonprovisional</b>	SMALL ENTITY <b>YES</b>	ISSUE FEE <b>\$685</b>	PUBLICATION FEE <b>\$300</b>	TOTAL FEE(S) DUE <b>\$985</b>
DATE DUE <b>12/25/2004</b>				
EXAMINER <b>WALCZAK, DAVID J</b>	ART UNIT <b>3751</b>	CLASS SUBCLASS		

1. Change of correspondence address or indication of "FEE ADDRESS" (37 CFR.1.363).

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached, Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the name of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorney or agents. If no name is listed, no name will be printed.

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

☒ Issue Fee  
☒ Publication Fee  
☐ Advance Order - # of Copies \_\_\_\_\_

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☐ Payment by credit card, Form PTO - 2038 is attached.  
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Commissioner for Patents is required to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) **Huang Ming** (Date) **11/18/2004**

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Commissioner for Patents, Washington, D.C. 20231.

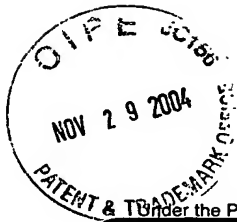
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11/30/2004 ZJUHR2 00000054 10697934

01 FC:2501  
02 FC:1504

685.00 OP  
300.00 OP

TRANSMITTAL THIS FORM WITH FEE(S)



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PTO/SB/17 (10-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**985**

## Complete if Known

Application Number	<b>10/697,934</b>
Filing Date	<b>10/31/2003</b>
First Named Inventor	<b>Huang Ming</b>
Examiner Name	<b>Walczak, David J</b>
Art Unit	<b>3751</b>
Attorney Docket No.	<b>BP3029-H47-P15</b>

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit Account Number  
Deposit Account Name

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments

☐ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 790	2001 395	Utility filing fee	
1002 350	2002 175	Design filing fee	
1003 550	2003 275	Plant filing fee	
1004 790	2004 395	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	X	
Multiple Dependent	-3** =	X	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 88	2201 44	Independent claims in excess of 3
1203 300	2203 150	Multiple dependent claim, if not paid
1204 88	2204 44	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051 130		2051 65		Surcharge - late filing fee or oath	
1052 50		2052 25		Surcharge - late provisional filing fee or cover sheet	
1053 130		1053 130		Non-English specification	
1812 2,520		1812 2,520		For filing a request for <i>ex parte</i> reexamination	
1804 920*		1804 920*		Requesting publication of SIR prior to Examiner action	
1805 1,840*		1805 1,840*		Requesting publication of SIR after Examiner action	
1251 110		2251 55		Extension for reply within first month	
1252 430		2252 215		Extension for reply within second month	
1253 980		2253 490		Extension for reply within third month	
1254 1,530		2254 765		Extension for reply within fourth month	
1255 2,080		2255 1,040		Extension for reply within fifth month	
1401 340		2401 170		Notice of Appeal	
1402 340		2402 170		Filing a brief in support of an appeal	
1403 300		2403 150		Request for oral hearing	
1451 1,510		1451 1,510		Petition to institute a public use proceeding	
1452 110		2452 55		Petition to revive - unavoidable	
1453 1,370		2453 685		Petition to revive - unintentional	
1501 1,370		2501 685		Utility issue fee (or reissue)	685
1502 490		2502 245		Design issue fee	
1503 660		2503 330		Plant issue fee	
1460 130		1460 130		Petitions to the Commissioner	
1807 50		1807 50		Processing fee under 37 CFR 1.17(q)	
1806 180		1806 180		Submission of Information Disclosure Stmt	
8021 40		8021 40		Recording each patent assignment per property (times number of properties)	
1809 790		2809 395		Filing a submission after final rejection (37 CFR 1.129(a))	
1810 790		2810 395		For each additional invention to be examined (37 CFR 1.129(b))	
1801 790		2801 395		Request for Continued Examination (RCE)	
1802 900		1802 900		Request for expedited examination of a design application	
Other fee (specify)				<b>Publication fee</b>	300

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**985**

## SUBMITTED BY

Name (Print/Type)

**Huang Ming**

Registration No.

(Attorney/Agent)

(Complete if applicable)

Telephone **886-2-2789-3700**

Signature

*Huang Ming*

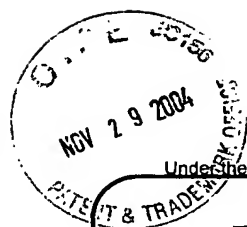
Date

**11/18/2004**

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PTO/SB/21 (09-04)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

**4**

Application Number

**10/697,934**

Filing Date

**10/31/2003**

First Named Inventor

**Huang Ming**

Art Unit

**3751**

Examiner Name

**Walczak, David J**

Attorney Docket Number

**BP3029-H47-P15****ENCLOSURES** (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Signature

*Huang Ming*

Printed name

**Huang Ming**

Date

**11/18/2004**

Reg. No.

**CERTIFICATE OF TRANSMISSION/MAILING**

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